2001 UNIFORM BUSINESS REPORT (UBR)

Apr 23, 2001 8:00 am Secretary of State DOGUMENT # P99000090137 1. Entit Name CHECKMARK SERVICES, INC. 4-23-2001 90153 032 ***150.00 Principal Place of Business Mailing Address 141 NW 46TH CT 141 NW 46TH CT FORT LAUDERDALE FL 33309 FORT LAUDERDALE FL 33309 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0954680 Not Applicable \$8.75 Additional Country Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LAFONTAINE Maek J. PYE. THOMAS G ESQ. Street Address (P.O. Box Number is Not Acceptable) 2787 E. OAKLAND PARK BLVD., STE. 301 FT. LAUDERDALE FL 33306 NW 46 Court 233b9 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. a Fontains PRESIDENT Signature, typed or printed name of registered agent and title if applic FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition TITLE Delete TITLE LAFONTAINE, MARK NAME NAME STREET ADDRESS STREET ADDRESS 2401 NE 36TH ST., #207 CITY-ST-ZIP CITY-ST-ZIP LIGHTHOUSE POINT FL 33064 ☐ Addition ☐ Change ☐ Delete TITLE LAFONTAINE, RONALD NAME NAME STREET ADDRESS 127 SEA ISLAND TERRACE -STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33432** ☐ Addition TITLE Change | ☐ Delete TITLE CLERKIN, BRIAN NAME NAME 141 NW 46TH CT. STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL 33309 CITY-ST-ZIP CITY-ST-ZIP □ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-78 Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE □ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-782 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE: Mack La Fontière 4/16/01 56/-391300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

changed, or on an attachment with an address, with all other like empowered.